

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
CERTIFICATE OF DEATH									
1. PLACE OF DEATH a. COUNTY QUEEN ANNE MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY KENT				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CRUMPTON					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCK HALL				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS				
3. NAME OF DECEASED (Type or print) First SARAH Middle ELIZABETH Last BLACKISTON					4. DATE OF DEATH Month APRIL Day 4 Year 1966				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 12-1877	9. AGE (In years last birthday) 88 yrs.	IF UNDER 1 YEAR Months 8 Days 14	IF UNDER 24 HRS. Hours 14 Min. 2			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME ALFRED WALBERT					14. MOTHER'S MAIDEN NAME MARY E. COPPER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT MRS. EDNA WALLACE = EDGEWOOD MD.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4201 Coronary Rupture DUE TO (b) Coronary Artery Sclerosis DUE TO (c) Chronic Myocarditis									INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pneumonia									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) ED						
20c. TIME OF INJURY Month, Day, Year Hour a.m. 10 p.m. 10			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from May 1, 1946 , to April 4, 1946 , that (I) (we) last saw the deceased alive on April 1, 1946 , and that death occurred at 4:15 P.M. from the causes and on the date stated above.									
22a. SIGNATURE C. H. Metcalfe					22b. DATE SIGNED 4/5/66				
22c. PHYSICIAN'S NAME (Type) C. H. METCALFE					22d. ADDRESS SUDLERSVILLE MD.				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			23b. DATE THEREOF APRIL 7		23c. NAME OF CEMETERY OR CREMATORY Wesley CHAPEL		23d. LOCATION (City, town or county) (State) ROCK HALL MD.		
24. FUNERAL DIRECTOR Edgar D. Lane					ADDRESS CHURCH HILL MD.		25a. REC'D BY REGISTRAR APR 11 1966		
					25b. REGISTRAR'S SIGNATURE J. Charles Judge				

Green House

Part 1

James E. Smith
George W. Smith
H. J. Smith
H. J. Smith
H. J. Smith

James E. Smith
George W. Smith
H. J. Smith
H. J. Smith
H. J. Smith

James E. Smith
George W. Smith
H. J. Smith
H. J. Smith
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James E. Smith
George W. Smith
H. J. Smith
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VR A15 (4)
20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07476

1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Md.</u> b. COUNTY <u>Queen Anne</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Centerville</u>		c. LENGTH OF STAY IN 1b <u>Life</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Centerville, Md.</u>	
		d. STREET ADDRESS <u>17-1</u>	
3. NAME OF DECEASED (Type or print) <u>Thomas Franklin Gould</u>		4. DATE OF DEATH Month <u>4</u> Day <u>13</u> Year <u>1966</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 25, 1906</u>
9. AGE (In years last birthday) <u>59</u> yrs.		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u> Hours <u>17</u> Min. <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	
11. BIRTHPLACE (County & State, or foreign country) <u>Queen Anne, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Thomas Gould</u>		14. MOTHER'S MAIDEN NAME <u>Hesteretta Parley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>213-14-0741</u>	
17. INFORMANT <u>Evelyn Gould</u>		Address <u>Centerville, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Occlusion</u> <u>4201</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerotic Heart Disease</u> (c) <u>Disseminated Lupus Erythematosus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>4 years</u> <u>3 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. <u>19</u> p.m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <u>Jan. 13</u> , 19 <u>62</u> , to <u>Apr. 13</u> , 19 <u>66</u> , that (I) (we) last saw the deceased alive on <u>Apr. 13</u> , 19 <u>66</u> , and that death occurred at <u>8:30 AM</u> , from the causes and on the date stated above.			
22a. SIGNATURE <u>J.R. Smith, Jr.</u>		22b. DATE SIGNED <u>April 16, 1966</u>	
22c. PHYSICIAN'S NAME (Type) <u>John R. Smith, Jr. M.D.</u>		22d. ADDRESS <u>Centerville, Maryland</u>	
23a. BURIAL OR CREMATION (Specify) <u>Burial</u>		23b. DATE THEREOF <u>4-15-66</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Laurelton Cemetery</u>		23d. LOCATION (City, town or county) (State) <u>Queen Anne Md.</u>	
24. FUNERAL DIRECTOR <u>James B. Blashell</u>		25a. REC'D BY REGISTRAR <u>Charles Judge</u>	
ADDRESS <u>Easton, Md.</u>		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>	
DATE <u>MAY 16 1966</u>			

1900 (1901)

to
Thomas Smith
Harpner
The Hope
James Franklin Smith -
4 13 02

1. *Conium maculatum*
 2. *Atropa belladonna*
 3. *Scopolia*

James A. Marshall, Boston, Ind. MAY 10 1886
 Geo. W. & K. Co. Washington, D.C.
 John F. Smith, Jr. M.D. Cincinnati, Ohio
 April 11, 1886

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate by writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										
MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
Reg. Dist. No. 05906										
1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE'S</u> MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Kent</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL QUEENSTOWN</u>			c. LENGTH OF STAY IN 1b <u>Instant</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Worton</u>			d. STREET ADDRESS <u>R.D. # 1</u>		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Route 301</u>					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <u>LEE</u> First <u>CORRIER</u> Middle <u>HAAS</u> Last					4. DATE OF DEATH Month <u>April</u> Day <u>9</u> Year <u>1966</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 11 1933</u>		9. AGE (In years last birthday) <u>33</u> yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Webster N Haas</u>					14. MOTHER'S MAIDEN NAME <u>Therese Smith</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Korean War</u>					16. SOCIAL SECURITY NO. <u>24-30-8770</u>		17. INFORMANT <u>Lyland Haas</u> Address <u>1309</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple + Extensive Head Injury</u> <u>8164</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Fracture of both legs</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>										
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Head on auto collision</u>					
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>3:00</u> p. m. <u>April 9 1966</u>			20d. INJURY OCCURRED: While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. (City or town) (County) (State) <u>Queenstown QA Md</u>			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .										
ACTUAL SIGNATURE <u>C. R. Rayton</u>					M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> <u>Centerville Md</u>					
EXAMINER'S NAME (Type) <u>C. R. Rayton</u>					DATE SIGNED <u>4-12-66</u>					
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>April 12/66</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Chestnut Mount</u>		22d. LOCATION (City, town, or county) (State) <u>Chestnut Maryland</u>				
23. FUNERAL DIRECTOR'S SIGNATURE <u>Morris V. Williams</u>					ADDRESS <u>Chestnut Md</u>		24a. REC'D BY REGISTRAR <u>APR 14 1966</u>		24b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>	

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. NAME OF DECEASED <u>JOHN J. ROSS</u>		2. SEX <u>MALE</u>	
3. AGE <u>45</u>		4. RACE <u>WHITE</u>	
5. DATE OF DEATH <u>1918</u>		6. TIME OF DEATH <u>10:30 AM</u>	
7. PLACE OF DEATH <u>HOME</u>		8. STREET <u>1234 N. E. ST.</u>	
9. CITY <u>BALTIMORE</u>		10. COUNTY <u>JOHN HOPKINS</u>	
11. STATE <u>MARYLAND</u>		12. ZIP CODE <u>21201</u>	
13. OCCUPATION <u>CLERK</u>		14. CAUSE OF DEATH <u>HEART DISEASE</u>	
15. MANNER OF DEATH <u>NATURAL</u>		16. SIGNATURE OF EXAMINER <u>[Signature]</u>	
17. SIGNATURE OF WITNESS <u>[Signature]</u>		18. SIGNATURE OF DECEASED <u>[Signature]</u>	
19. SIGNATURE OF NEAREST RELATIVE <u>[Signature]</u>		20. SIGNATURE OF CLERK <u>[Signature]</u>	
21. SIGNATURE OF NURSE <u>[Signature]</u>		22. SIGNATURE OF CHURCH CLERK <u>[Signature]</u>	
23. SIGNATURE OF MINISTER <u>[Signature]</u>		24. SIGNATURE OF RABBI <u>[Signature]</u>	
25. SIGNATURE OF OTHER <u>[Signature]</u>		26. SIGNATURE OF OTHER <u>[Signature]</u>	
27. SIGNATURE OF OTHER <u>[Signature]</u>		28. SIGNATURE OF OTHER <u>[Signature]</u>	
29. SIGNATURE OF OTHER <u>[Signature]</u>		30. SIGNATURE OF OTHER <u>[Signature]</u>	
31. SIGNATURE OF OTHER <u>[Signature]</u>		32. SIGNATURE OF OTHER <u>[Signature]</u>	
33. SIGNATURE OF OTHER <u>[Signature]</u>		34. SIGNATURE OF OTHER <u>[Signature]</u>	
35. SIGNATURE OF OTHER <u>[Signature]</u>		36. SIGNATURE OF OTHER <u>[Signature]</u>	
37. SIGNATURE OF OTHER <u>[Signature]</u>		38. SIGNATURE OF OTHER <u>[Signature]</u>	
39. SIGNATURE OF OTHER <u>[Signature]</u>		40. SIGNATURE OF OTHER <u>[Signature]</u>	
41. SIGNATURE OF OTHER <u>[Signature]</u>		42. SIGNATURE OF OTHER <u>[Signature]</u>	
43. SIGNATURE OF OTHER <u>[Signature]</u>		44. SIGNATURE OF OTHER <u>[Signature]</u>	
45. SIGNATURE OF OTHER <u>[Signature]</u>		46. SIGNATURE OF OTHER <u>[Signature]</u>	
47. SIGNATURE OF OTHER <u>[Signature]</u>		48. SIGNATURE OF OTHER <u>[Signature]</u>	
49. SIGNATURE OF OTHER <u>[Signature]</u>		50. SIGNATURE OF OTHER <u>[Signature]</u>	
51. SIGNATURE OF OTHER <u>[Signature]</u>		52. SIGNATURE OF OTHER <u>[Signature]</u>	
53. SIGNATURE OF OTHER <u>[Signature]</u>		54. SIGNATURE OF OTHER <u>[Signature]</u>	
55. SIGNATURE OF OTHER <u>[Signature]</u>		56. SIGNATURE OF OTHER <u>[Signature]</u>	
57. SIGNATURE OF OTHER <u>[Signature]</u>		58. SIGNATURE OF OTHER <u>[Signature]</u>	
59. SIGNATURE OF OTHER <u>[Signature]</u>		60. SIGNATURE OF OTHER <u>[Signature]</u>	
61. SIGNATURE OF OTHER <u>[Signature]</u>		62. SIGNATURE OF OTHER <u>[Signature]</u>	
63. SIGNATURE OF OTHER <u>[Signature]</u>		64. SIGNATURE OF OTHER <u>[Signature]</u>	
65. SIGNATURE OF OTHER <u>[Signature]</u>		66. SIGNATURE OF OTHER <u>[Signature]</u>	
67. SIGNATURE OF OTHER <u>[Signature]</u>		68. SIGNATURE OF OTHER <u>[Signature]</u>	
69. SIGNATURE OF OTHER <u>[Signature]</u>		70. SIGNATURE OF OTHER <u>[Signature]</u>	
71. SIGNATURE OF OTHER <u>[Signature]</u>		72. SIGNATURE OF OTHER <u>[Signature]</u>	
73. SIGNATURE OF OTHER <u>[Signature]</u>		74. SIGNATURE OF OTHER <u>[Signature]</u>	
75. SIGNATURE OF OTHER <u>[Signature]</u>		76. SIGNATURE OF OTHER <u>[Signature]</u>	
77. SIGNATURE OF OTHER <u>[Signature]</u>		78. SIGNATURE OF OTHER <u>[Signature]</u>	
79. SIGNATURE OF OTHER <u>[Signature]</u>		80. SIGNATURE OF OTHER <u>[Signature]</u>	
81. SIGNATURE OF OTHER <u>[Signature]</u>		82. SIGNATURE OF OTHER <u>[Signature]</u>	
83. SIGNATURE OF OTHER <u>[Signature]</u>		84. SIGNATURE OF OTHER <u>[Signature]</u>	
85. SIGNATURE OF OTHER <u>[Signature]</u>		86. SIGNATURE OF OTHER <u>[Signature]</u>	
87. SIGNATURE OF OTHER <u>[Signature]</u>		88. SIGNATURE OF OTHER <u>[Signature]</u>	
89. SIGNATURE OF OTHER <u>[Signature]</u>		90. SIGNATURE OF OTHER <u>[Signature]</u>	
91. SIGNATURE OF OTHER <u>[Signature]</u>		92. SIGNATURE OF OTHER <u>[Signature]</u>	
93. SIGNATURE OF OTHER <u>[Signature]</u>		94. SIGNATURE OF OTHER <u>[Signature]</u>	
95. SIGNATURE OF OTHER <u>[Signature]</u>		96. SIGNATURE OF OTHER <u>[Signature]</u>	
97. SIGNATURE OF OTHER <u>[Signature]</u>		98. SIGNATURE OF OTHER <u>[Signature]</u>	
99. SIGNATURE OF OTHER <u>[Signature]</u>		100. SIGNATURE OF OTHER <u>[Signature]</u>	

1918

1918

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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15M 4-64

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
05910 CERTIFICATE OF DEATH 05907											
1. PLACE OF DEATH a. COUNTY <i>Queen Anne</i> MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Queen Anne</i>						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>Rural (Chestertown)</i>					c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <i>Rural (Chestertown)</i> 17-1						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)					d. STREET ADDRESS						
3. NAME OF DECEASED (Type or print) <i>Mary</i> First <i>Elizabeth</i> Middle <i>Jester</i> Last					4. DATE OF DEATH <i>April</i> Month <i>2</i> Day <i>19</i> Year <i>66</i>						
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>July 16, 1892</i>		9. AGE (In years last birthday) <i>73</i> yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>				
13. FATHER'S NAME <i>John H. Burchard</i>					14. MOTHER'S MAIDEN NAME <i>Alice Wiggins</i>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)					16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Franklin Jester--Chestertown, Md. RFD</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Cardiac Disturbance</i> 4221 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Chronic myocarditis</i> DUE TO (c) <i>General Arteriosclerosis</i>										INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Smoking</i>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <i>W</i>						
20c. TIME OF INJURY Month, Day, Year Hour a.m. <i>19</i> p.m. <i>40</i>			20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)				
21. I certify that (I) (this hospital) attended the deceased from <i>July 1, 1966</i> to <i>April 3, 1966</i> that (I) (we) last saw the deceased alive on <i>April 1, 1966</i> , and that death occurred at <i>9 AM</i> , from the causes and on the date stated above.											
22a. SIGNATURE <i>C.H. Metcalfe</i>					22b. DATE SIGNED <i>4/4/66</i>						
22c. PHYSICIAN'S NAME (Type) <i>C.H. Metcalfe</i>					22d. ADDRESS <i>Sudlersville, Maryland</i>						
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE THEREOF <i>April 5</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Crompton</i>		23d. LOCATION (City, town or county) (State) <i>Crompton, Maryland</i>				
24. FUNERAL DIRECTOR <i>Edgar L. Lane</i>					ADDRESS <i>Church Hill, Md.</i>		25a. REC'D BY REGISTRAR <i>APR 11 1966</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4)
15M 4-64

<div style="display: flex; justify-content: space-between;"> <div> <p>1</p> <p>M</p> <p>05911</p> </div> <div> <p>05908</p> </div> </div> <div style="text-align: center;"> <p>MARYLAND STATE DEPARTMENT OF HEALTH</p> <p>DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND</p> <p>CERTIFICATE OF DEATH</p> </div>									
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <i>Queen Anne</i> MARYLAND</p> <p>b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Price</i></p> <p>c. LENGTH OF STAY IN 1b</p> <p>d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)</p>					<p>2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)</p> <p>a. STATE <i>Maryland</i> COUNTY <i>Queen Anne</i></p> <p>c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Price</i> 17-1</p> <p>d. STREET ADDRESS</p> <p>e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>				
<p>3. NAME OF DECEASED (Type or print) First <i>Eva</i> Middle <i>Virginia</i> Last <i>Kimbles</i></p>					<p>4. DATE OF DEATH Month <i>April</i> Day <i>8</i> Year <i>1966</i></p>				
<p>5. SEX <i>Female</i></p>		<p>6. COLOR OR RACE <i>White</i></p>		<p>7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <i>May 2, 1892</i></p>		<p>9. AGE (In years last birthday) <i>73</i> yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Teacher</i></p>				<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (County & State, or foreign country) <i>Q.A. Co. Maryland</i></p>		<p>12. CITIZEN OF WHAT COUNTRY? <i>USA</i></p>	
<p>13. FATHER'S NAME <i>Loda Anderson</i></p>					<p>14. MOTHER'S MAIDEN NAME <i>Anna Newnam</i></p>				
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)</p>			<p>16. SOCIAL SECURITY NO. (If yes give war or dates of service)</p>		<p>17. INFORMANT Address <i>John S. Kimbles--Price, Maryland</i></p>				
<p>18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: <i>Arteriosclerotic cardiovascular disease</i> IMMEDIATE CAUSE (a) <i>4221</i> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.</p>									<p>INTERVAL BETWEEN ONSET AND DEATH <i>several years</i></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)</p>									
<p>20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</p>			<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)</p>						
<p>20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <i>19</i></p>			<p>20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work</p>		<p>20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)</p>		<p>20f. (City or town) (County) (State)</p>		
<p>21. I certify that (I) (this hospital) attended the deceased from <i>1/14</i>, 19<i>63</i>, to <i>4/8</i>, 19<i>66</i>, that (I) (we) last saw the deceased alive on <i>4/8</i>, 19<i>66</i>, and that death occurred at <i>5 P.</i> M, from the causes and on the date stated above.</p>									
<p>22a. SIGNATURE <i>Robert W. Farr</i></p>					<p>M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/></p>		<p>22b. DATE SIGNED <i>4/11/66</i></p>		
<p>22c. PHYSICIAN'S NAME (Type) <i>Robert W. Farr</i></p>					<p>22d. ADDRESS <i>Chestertown, Maryland</i></p>				
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i></p>			<p>23b. DATE THEREOF <i>April 12</i></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <i>Church Hill</i></p>		<p>23d. LOCATION (City, town or county) (State) <i>Church Hill, Maryland</i></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <i>Edgar L. Lane Church Hill, Maryland</i></p>					<p>25a. REC'D BY REGISTRAR DATE <i>APR 18 1966</i></p>		<p>25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i></p>		

MEDICAL CERTIFICATION

10306

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RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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05912

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05909

1. PLACE OF DEATH a. CDUNITY <u>QUEEN ANNE'S</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>QUEEN ANNE'S</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL QUEENSTOWN</u>				c. LENGTH OF STAY IN 1b <u>32 yrs.</u>					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL QUEENSTOWN</u> <u>17-1</u>					
d. STREET ADDRESS				6. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <u>Chester Gilmore Lawrence</u>				4. DATE OF DEATH Month <u>April</u> Day <u>4</u> Year <u>1966</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>August 28, 1908</u> <u>57</u> yrs.			
9. AGE (In years last birthday) <u>57</u>		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		11. BIRTHPLACE (County & State, or foreign country) <u>Pittsburgh, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>County Roads Comm.</u>					
13. FATHER'S NAME <u>William J. Lawrence</u>				14. MOTHER'S MAIDEN NAME <u>Martha Gilmore</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes give war or dates of service)				16. SOCIAL SECURITY NO. <u>218-20-5707</u>					
17. INFORMANT <u>John W. Lawrence</u>				Address <u>Route 5, Parker Road Salisbury, Maryland</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>4201 Acute Coronary Occlusion</u> DUE TO (b) <u>Disseminated Atherosclerosis</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u> <u>? yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. <u> </u> p.m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from <u>Nov.</u> , 19 <u>64</u> , to <u>May</u> , 19 <u>66</u> , that (I) (we) last saw the deceased alive on <u>May 30</u> 19 <u>66</u> , and that death occurred at <u> </u> M, from the causes and on the date stated above.									
22a. SIGNATURE <u>Irvin G. Hoyt</u>				M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED <u>4/4/66</u>			
22c. PHYSICIAN'S NAME (Type) <u>Irvin G. Hoyt M.D.</u>				22d. ADDRESS <u>Queenstown, Md.</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE THEREOF <u>April 6, 1966</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wicomoc Memorial Cemetery</u>		23d. LOCATION (City, town or county) (State) <u>Salisbury, Maryland</u>			
24. FUNERAL DIRECTOR <u>James H. Boring, Boring Bros., Chestertown, Md.</u>				25a. REC'D BY REGISTRAR <u>Charles Judge</u>		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>			

1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
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VR A15 (4)
15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
05913					05910						
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
a. COUNTY <i>Queen Anne</i>					a. STATE <i>Maryland</i> b. COUNTY <i>Queen Anne</i>						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
<i>Stevensville</i>					<i>Stevensville</i>						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS						
					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print)			First		Middle		Last		4. DATE OF DEATH		
			<i>Lucillia</i>				<i>Rich</i>		Month <i>April</i> Day <i>18</i> Year <i>1966</i>		
5. SEX		6. COLOR OR RACE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR	
<i>Female</i>		<i>Colored</i>		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<i>About 80</i>		<i>80</i> yrs.		Months <i>1</i> Days <i>1</i> Hours <i>1</i> Min. <i>1</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>Housewife</i>								<i>Virginia</i>		<i>USA</i>	
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
<i>Claymon Rich</i>					<i>Unknown</i>						
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT			Address			
					<i>Cornelius Sewell</i>			<i>Stevensville, Md.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute coronary thrombosis</i>										<i>April 18, 65</i>	
4201 DUE TO (b) <i>chronic arteriosclerotic heart disease</i>											
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) <i>with decompensation Arteriosclerotic</i>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<i>seriously</i>											
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)							
20c. TIME OF INJURY		Month, Day, Year		20d. INJURY OCCURRED		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County) (State)	
Hour a.m. p.m.		<i>19</i>		While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>							
21. I certify that (I) (this hospital) attended the deceased from <i>April 10, 1966</i> , to <i>April 18, 1966</i> , that (I) (we) last saw the deceased alive on <i>April 17, 1966</i> , and that death occurred at <i>7 A.M.</i> from the causes and on the date stated above.											
22a. SIGNATURE						M.O. ATTENDING PHYS. <input checked="" type="checkbox"/>		MEO. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>	
<i>Theodore Sattelmaier</i>										<i>April 19, 1966</i>	
22c. PHYSICIAN'S NAME (Type)						22d. ADDRESS					
<i>Theodore Sattelmaier</i>						<i>Stevensville, Maryland</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town or county)			(State)
<i>Burial</i>			<i>April 20</i>		<i>Wesley</i>			<i>N. Stevensville, Md.</i>			
24. FUNERAL DIRECTOR						ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE	
<i>Edgar L. Lane</i>						<i>Church Hill, Md.</i>		<i>APR 25 1966</i>		<i>Charles Judge</i>	

